

AHRQ Publishing and Communications Guidelines

Section 4: Social Media

Contents

Social Media Standards and Policies	4-1
Introduction	4-1
AHRQ's Social Media Presence	4-1
AHRQ Social Media Tools	4-1
Content Guidelines.....	4-2
Usage Guidelines	4-3
 AHRQ Blog Policy	4-4
About Blogging.....	4-4
Blog Content	4-4
How AHRQ Uses Blogs	4-4
Recordkeeping	4-5
Approval and Set Up of New Blog	4-5
Additional Guidelines	4-5
 AHRQ Facebook Policy	4-6
About Facebook	4-6
How AHRQ Uses Facebook	4-6
Facebook Content	4-7
Interactivity Guidelines.....	4-7
Approval and Set Up of New Facebook Page	4-7
Additional Guidelines	4-8
 AHRQ LinkedIn Policy	4-8
About LinkedIn	4-8
LinkedIn Guidelines.....	4-9
LinkedIn Content	4-9
Recordkeeping	4-9
Approval and Set Up of New LinkedIn Group Page	4-9
Additional Guidelines	4-10
 AHRQ Twitter Policy	4-10
About Twitter.....	4-10
How AHRQ Uses Twitter	4-10
Twitter Content	4-10
Hashtags.....	4-11
Interactivity Guidelines.....	4-11

Approval and Set Up of New AHRQ Twitter	
Accounts	4-12
Additional Guidelines	4-12
AHRQ YouTube Policy	4-12
About YouTube	4-12
How AHRQ Uses YouTube.....	4-12
YouTube Content.....	4-13
Interactivity Guidelines.....	4-13
Approval and Set Up of New AHRQ YouTube	
Channels.....	4-13
Additional Guidelines	4-13
Appendixes	
Appendix 4-A. Social Media Checklist for Creating New AHRQ Accounts	
Appendix 4-B. YouTube Video Submission Checklist	
Appendix 4-C. New AHRQ YouTube Channel Creation Checklist	

Social Media Standards and Policies

Introduction

As the Agency for Healthcare Research and Quality (AHRQ) continues to expand its social media presence, the Agency's goal is to ensure that social media outreach efforts by Agency staff and contractors are well coordinated and that the Agency's Office of Communications (OC) maintains the highest standards for its brand and messages.

Those who wish to use social media as part of official AHRQ communications must follow these standards and policies.

For questions on social media, email socialmedia@ahrq.hhs.gov.

AHRQ's Social Media Presence

AHRQ has policies for the following social media tools:

- **Blogs.** The [AHRQ Views blog](#).
- **Facebook.** Its primary [Facebook page](#).
- **LinkedIn.** A [LinkedIn page](#). Discussion groups associated with AHRQ programs also exist on the site.
- **Twitter.** AHRQ maintains two Twitter accounts: [@AHRQNews](#) (for general news about the agency) and [@AHRQConf](#) (for the AHRQ Research Conference).
- **YouTube.** AHRQ maintains several YouTube channels.

AHRQ Social Media Tools

AHRQ has approved the following social media tools for use:

Tool	Function	AHRQ Status
Blogs	Two-way communication	In use
Facebook	Social network	In use
LinkedIn	Social network	In use
Twitter	Microblog	In use
YouTube	Video hosting/sharing	In use

Refer to specific AHRQ policy guidance for blogs, Facebook, LinkedIn, Twitter, and YouTube later in this section.

- **Approvals.** Please see Appendix 4-A, AHRQ Social Media Checklist, and the policy specific for each tool for complete details. Highlights of AHRQ policies for specific social media tools are as follows:

- **Blogs.** AHRQ's blog is called [AHRQ Views](#). Submissions should be coordinated with OC. Send questions to socialmedia@ahrq.gov. Please read the AHRQ Blog Policy for additional guidance.
- **Facebook.** Send content suggestions to socialmedia@ahrq.gov. Requests to set up a **new** Facebook page should be sent to socialmedia@ahrq.hhs.gov. The request should include a completed AHRQ [Social Media Checklist](#). Please read the AHRQ Facebook Policy for additional guidance.
- **LinkedIn.** Send requests for LinkedIn posts to socialmedia@ahrq.hhs.gov. Please read the AHRQ LinkedIn Policy for additional guidance.
- **Twitter.** Suggested tweets for the @AHRQNews Twitter account should be sent to Twitter@ahrq.hhs.gov. Send requests to create a new Twitter account to twitter@ahrq.hhs.gov. Please read the AHRQ Twitter Policy for additional guidance.
- **YouTube.** Videos for YouTube must be captioned before they can be posted to AHRQHealthTV, AHRQ's YouTube Channel. Send requests to post video or for a new YouTube channel to socialmedia@ahrq.hhs.gov. Requests for a YouTube channel should include a completed AHRQ [Social Media Checklist](#). Please read the AHRQ YouTube Policy for additional guidance. Also, please review Appendix 4-B, YouTube Video Submission Checklist.
- In addition to reviewing AHRQ's policies on social media tools, prior to initiating social media outreach, Agency staff should also:
 - Consult their Office or Center Director for approval.
 - Review [HHS Social Media](#) to determine the ability of social media to meet their needs.
 - Complete the AHRQ [Social Media Checklist](#) and email it to socialmedia@ahrq.hhs.gov.

Content Guidelines

AHRQ follows HHS guidelines for social media content. Read the HHS [Getting Started](#) guidance on getting started on social media.

Please also see AHRQ's policies on social media tools for specific guidance on content.

Usage Guidelines

Copyrighted Content

- Ensure you gain permission to use any trademarked images, logos, or other copyrighted content. See AHRQ's [copyright permission policy](#) for more information.

Official Agency Sources of Information and Branding

- Link to an AHRQ Web site from the social media tool.
- Use branding on the social media tool that clearly identifies your program's ownership or sponsorship as a Federal Government entity.

Accessibility

- Ensure that content posted or produced through social media tools is accessible to people with disabilities and is in compliance with [Section 508](#) of the Rehabilitation Act of 1973.

Information Collection

- Read the Office of Management and Budget (OMB) guidance on Information Collection under the [Paperwork Reduction Act](#) to determine if you need to seek approval from the Office of Information Collection.

Official Public Comment

- Do not solicit consensus advice (i.e., conduct polls) using social media technologies.

Public Privacy Protection

- Work with OC to complete a Privacy Impact Assessment (PIA), if appropriate. An AHRQ representative will notify the HHS Privacy Team that you are starting an account with a third-party Web site and that you may need to complete a PIA.
- Link or post the AHRQ [Privacy Policy](#) prominently on the third-party Web site. Additional guidance on how AHRQ regards privacy issues can be found on the Privacy Policy page.

Cookies and Third-Party Sites and Applications

- Email Biff LeVee (biff.levée@ahrq.hhs.gov) for assistance in determining if the social media tool uses persistent cookies that collect Personally Identifiable Information (PII). OMB requires sites that use persistent cookies but don't collect PII to meet a number of conditions, mainly in the site's Privacy Policy.

Recordkeeping

- Contact Pat Bosco, AHRQ's Records Management Officer, at patricia.bosco@ahrq.hhs.gov or (301) 427-1207 to determine the appropriate records schedule and records management practices.

Comment Policy

- Link to AHRQ's [Comment Policy](#) if you allow comments.

Linking, Liking, and Following

- Include an exit disclaimer when linking to non-government links.
- Review the individual social media tool policies for guidance on which entities are appropriate to like and follow using social media tools.

Helpful References

- HHS [Social Media Policies](#)
- HHS [Social Media](#)
- HHS [Terms of Service Agreements](#)
- HHS-OCIO [Policy for Social Media Technologies](#)
- [Information Collection under the Paperwork Reduction Act](#)

AHRQ Blog Policy

About Blogging

A blog is a Web site that features regular postings of commentary; descriptions of events; or other material, such as graphics, video, or podcasts. Individuals, organizations, or small groups of individuals maintain blogs, which are typically written in a conversational tone.

The Federal Government uses blogs as communications tools because they put a human face on the Government, provide a more personal way to convey a message, get people involved in a conversation, and foster discussion around a common interest.

Blog Content

The purpose of each blog and blog post is to strategically disseminate the most up-to-date and relevant information. All blog posts will be subject to review by OC or the appropriate program staff. Send suggestions for new content to socialmedia@ahrq.hhs.gov.

How AHRQ Uses Blogs

OC maintains the blog [AHRQ Views](#). The goal is to create posts that provide insight on research and evidence to inform sound health policy and clinical care decisions.

AHRQ uses the AHRQ Views blog to achieve three goals:

- To speak with one voice on behalf of the Agency and distribute content to policymakers, clinicians, researchers, and the public
- To communicate directly with policymakers, clinicians, researchers, and the public
- To raise the Agency's profile by highlighting work that is central to AHRQ's mission

Recordkeeping

Email Pat Bosco, AHRQ's Records Management Officer, at patricia.bosco@ahrq.hhs.gov to determine the appropriate records schedule and records management practices.

Approval and Set Up of New AHRQ Blog

To create a new blog, contact Bruce Seeman (bruce.seeman@ahrq.hhs.gov) to discuss managing and supporting the blog. Consider the following: target audience, objectives, activities, technical requirements (e.g., 508 compliance, video formats), and resources needed to coordinate the blog. After meeting with the OC, complete the AHRQ [Social Media Checklist](#) and send it to socialmedia@ahrq.hhs.gov.

Additional Guidelines

OC asks that staff follow these guidelines:

- Rule #1: Blog posts should be interesting – something you'd like to read online or in a popular publication.
- Highlight something new. Discuss a new finding, a new issue, a new spin on something. Background or a rehash of old news is boring.
- Shorter is better. Keep it to 300-500 words max!
- Use plain language. Think of your blog post as a conversation. How would you explain this topic to a friend? Avoid acronyms, government language, and "science speak."
- Get personal. Share details that are meaningful to readers. Andy Bindman's [inaugural AHRQ Views blog](#) is a good example.
- Give them more—for those who want it. Include a call to action or a link to relevant information on the AHRQ website.
- Front-load the important stuff. Start with the most important material. This grabs your readers' interest and keeps blog posts short.
- Self-edit. Be tough on yourself. If you realize a part of your blog post is summarizing information already known, cut it in half. Or whack it altogether. Link to full reports and the like for readers who truly want all of the details.
- Don't use charts, graphs, or citations. Blog posts are not research papers.
- Use pronouns. The reader is "you." "We" are the federal government. Using pronouns makes the writing clearer and more engaging.

- Use active voice. “The study authors found a direct correlation,” instead of “A direct correlation was found by the study authors.” Aim for zero passive sentences.
- Think like Hemingway. No more than 20 words per sentence, five sentences per paragraph. Use dashes, no semicolons. Better yet, break the sentence in two.
- Use bullets. One sentence and two bullets is better than three sentences.
- Hyperlink with keywords. Instead of saying, “click here,” choose relevant keywords.
- HHS has more information on [blog best practices](#).
- Send all questions to socialmedia@ahrq.hhs.gov.

AHRQ Facebook Policy

About Facebook

Facebook is a free Web-based network that helps people connect with other individuals, organizations, and ideas. The Facebook ecosystem is made up of hundreds of separate networks based around schools, businesses, regions, and other shared interests.

Individual users have accounts called “profiles” that they update by posting pictures, comments, and videos for others to view. Users can also read a “news feed” of updates from other people in their network. Users grow their networks by requesting other users to become “friends,” or by “liking” accounts held by organizations or public figures.

Organizations and public figures, including government offices, don’t have profiles but instead have pages. Pages are similar to profiles, but pages represent an official professional presence.

Facebook, like other social media platforms, can be used to gauge interest in a topic, gain feedback on a product, announce a campaign, and see the impact of research.

How AHRQ Uses Facebook

OC maintains the main [AHRQ Facebook account page](#). AHRQ’s goal is to expand its presence on Facebook and strategically create additional pages that further the Agency’s reach and mission.

AHRQ uses Facebook to achieve four goals:

- To speak with one voice on behalf of the Agency and distribute content to clinicians, researchers, and the public
- To communicate with clinicians, researchers, and the public directly and in an engaging way
- To increase the number of friends to spread AHRQ’s messages to various audiences

- To raise the Agency’s profile by highlighting work that is central to AHRQ’s mission

Facebook Content

OC works collaboratively with each AHRQ Office and Center to identify and post Facebook content. The purpose of each post is to disseminate the most up-to-date and relevant information. Both OC and program staff can develop posts; all AHRQ Facebook page posts are subject to review by OC staff and program staff.

To submit content to be posted on the AHRQ Facebook page, send an email to socialmedia@ahrq.hhs.gov that includes: text for the post, date it should be posted, any related links, and any related photos. See Guidelines below for additional details.

Interactivity Guidelines

Facebook places a high value on communication between the sender and receiver. On Facebook, this interactivity occurs in three ways: “liking” other Facebook users’ statuses, sharing or posting links, and responding to comments or questions. The following policy governs AHRQ’s Facebook interactivity.

- **Liking.** AHRQ will like other Federal, State, and local health care-related agencies as well as partners, stakeholders, and influencers. AHRQ will not like political pages.
- **Sharing posts.** AHRQ will share information upon request, provided that the post aligns with AHRQ’s mission, from Federal and State health care-related agencies and organizations that have a relationship with AHRQ. Requests to share other organizations’ information will be handled on a case-by-case basis.
- **Responding to inquiries or comments.**
 - Comments posted to AHRQ Facebook pages must adhere to the AHRQ [Comment Policy](#).
 - Inquiries will be addressed on an individual basis and handled by OC staff, who will work with AHRQ Offices and Centers, if necessary, to respond.
 - For comments that may not be addressed by the AHRQ [Comment Policy](#), OC or appropriate program staff will review the post and craft a response.
 - AHRQ will not respond to media inquiries through Facebook. Media inquiries should be sent to newsroom@ahrq.hhs.gov.

Approval and Set Up of New AHRQ Facebook Page

To create your own AHRQ Facebook page, complete the AHRQ [Social Media Checklist](#) and submit it to socialmedia@ahrq.hhs.gov. Also, work with an OC managing editor to ensure appropriate external link disclaimers are put in place.

Additional Guidelines

OC welcomes suggestions for AHRQ Facebook posts from AHRQ's Offices and Centers and asks that staff follow these guidelines:

- Suggestions for Facebook posts must include a Web link to the item, to additional information, or to a phone number.
- Posts should be concise and written in plain language. Go to www.ahrq.gov/policy/electronic/plain-writing/index.html for additional guidance on plain language.
- Posts can highlight any AHRQ product: data, tools, research findings, campaigns, events, publications, etc.
- Examples of Facebook posts:
 - In a recent AHRQ statistical brief, data suggest that Medicaid “super-utilizers” (Medicaid patients admitted to hospitals four or more times annually) were six times as likely as other Medicaid patients to be readmitted within 30 days of discharge. A new tool from AHRQ is available to help hospitals address readmissions for Medicaid patients. Read the statistical brief: www.hcup-us.ahrq.gov/reports/statbriefs/sb184-Hospital-Stays-Medicaid-Super-Utilizers-2012.jsp. Check out the readmissions guide here: www.ahrq.gov/professionals/systems/hospital/medicaidreadmitguide/index.html#Medicaid.
 - The number of children age 10 to 14 who needed hospital care for suicide and self-injury rose significantly between 2006 and 2011. That's according to a new article in the journal *Academic Pediatrics*. The analysis is based on a report prepared from AHRQ data sources and led by AHRQ researchers. Read the article, “Annual Report on Healthcare for Children and Youth in the United States: National Estimates of Cost, Utilization and Expenditures for Children with Mental Disorders,” for more information: www.ncbi.nlm.nih.gov/pubmed/25444653.

AHRQ LinkedIn Policy

About LinkedIn

LinkedIn is an online social network based on professional connections that allows users to connect to one another on areas of professional interest and discuss ideas relevant to their profession. Basic accounts are free and allow people to post information about their education; employment; and knowledge, skills, and abilities. Companies can create company pages on LinkedIn or employees can create them when they list the company as a place of employment. LinkedIn's Discussion Groups are a communications tool that allows users to subscribe to receive updates on a particular subject.

HHS has signed terms of services with LinkedIn, allowing HHS agencies to use LinkedIn. [AHRQ exists as a company on LinkedIn](#), and the site features Discussion Groups associated with AHRQ programs, including a TeamSTEPPS Showcase page and TeamSTEPPS Group Discussion page, AHRQ Data Resources, and several private groups developed for specific audiences (e.g., Patient Safety Organizations).

LinkedIn Guidelines

All AHRQ-related LinkedIn pages or Discussion Groups must link to the AHRQ [Comment Policy](#).

OC will work with AHRQ staff members to address any comments that require the attention of an AHRQ staff member before posting a response. If a contractor manages an AHRQ LinkedIn Discussion Page, the contractor must work with OC and AHRQ staff members to address the comment before responding.

AHRQ uses LinkedIn to achieve 4 goals:

- To speak with one voice on behalf of the Agency and distribute content to clinicians, researchers, and the public
- To communicate with clinicians, researchers, and the public directly and in an engaging way
- To increase the number of friends to spread AHRQ's messages to various audiences
- To raise the Agency's profile by highlighting work that is central to AHRQ's mission

LinkedIn Content

To submit content to be posted on LinkedIn, send an email to socialmedia@ahrq.hhs.gov that includes: The text for the post, date it should be posted, and any related links, and any related photos. See Guidelines below for additional details.

Recordkeeping

AHRQ LinkedIn users must keep records of comments on Discussion Groups. Email Pat Bosco, AHRQ's Records Management Officer, at patricia.bosco@ahrq.hhs.gov to determine the appropriate records schedule and records management practices.

Approval and Set Up of New LinkedIn Group Page

To create a LinkedIn Discussion Group, meet with the appropriate OC staff to discuss managing and supporting the account. Consider the following: target audience, objectives, activities, technical requirements (e.g., 508 compliance), and resources needed to maintain the account. Consider whether your discussion group will target health professionals, researchers, or service providers and whether LinkedIn is the best way to reach these audiences. After meeting with OC, complete the AHRQ [Social Media Checklist](#) and send it to socialmedia@ahrq.hhs.gov.

Additional Guidelines

OC asks that staff follow these guidelines:

- All posts and discussion prompts should be written in plain language. See [AHRQ guidance on plain language](#).
- If photos are used, ensure that AHRQ has the digital rights to the images.
- Posts should highlight AHRQ data, tools, campaigns, Web conferences, events, presentations, research findings, publications, etc.
- Send all questions to socialmedia@ahrq.hhs.gov.

AHRQ Twitter Policy

About Twitter

Twitter is a microblogging site that allows users to share information through 140-character messages. Twitter users follow other users who post useful or interesting information, and users retweet other users' tweets, thereby sharing those tweets with followers.

Because Twitter broadcasts to a group of people who have self-identified as interested in what a specific Twitter user has to say, a tweet is more targeted than a press release, interview, or media pitch. Twitter can also be used to gauge interest in a topic, gain feedback on a product, announce a campaign, and measure the impact of dissemination methods.

How AHRQ Uses Twitter

AHRQ uses Twitter to broadcast the Agency's mission to an ever-growing audience. OC maintains the Agency's two Twitter accounts, @AHRQNews and @AHRQConf, and has established this policy to ensure that Agency tweets are coordinated, present a balanced view of Agency activities, and further the Agency's mission. AHRQ uses Twitter to achieve three goals:

- To speak with one voice on behalf of the Agency when distributing content
- To increase the number of followers to spread AHRQ's messages to a diverse audience
- To raise the Agency's profile by highlighting work that is central to AHRQ's mission

Twitter Content

OC works collaboratively with each Office and Center to identify appropriate Twitter content and to develop tweets. Each tweet is intended to strategically disseminate the most up-to-date and relevant AHRQ information. Guidance on developing suggested tweets appears at the end of this policy.

Text for suggested tweets should be sent to twitter@ahrq.hhs.gov. OC will review all suggested tweets. When possible, suggested tweets should include a Web link to the

AHRQ product being promoted. Individuals who have suggested tweets should coordinate tweets with OC to ensure tweets conform to Twitter, HHS, and AHRQ guidelines. Go to the [HHS Twitter Guidelines](http://www.hhs.gov/web/social-media/getting-started/twitter/index.html) for additional details about Twitter: <http://www.hhs.gov/web/social-media/getting-started/twitter/index.html>.

Hashtags

The # symbol, called a hashtag, is used to mark keywords or topics in a tweet and allows users to track their social influence because hashtags show how many people are talking about a topic. Hashtags also make it easy for AHRQ to brand content and for people to search for AHRQ content. OC welcomes suggestions for hashtags and recommends staff use these best practices:

- Use no more than three hashtags per tweet.
- Avoid starting a tweet with a hashtag.
- Introduce a new hashtag when you want to start a conversation.
- To join a conversation, find a hashtag currently being used. Find hashtags by performing a keyword search. Use popular hashtags that best fit your topic.

Interactivity Guidelines

Social media is more interactive than traditional information dissemination vehicles because it establishes a mechanism for action between the sender and receiver.

Interaction occurs in three ways on Twitter:

- Following other users
- Retweeting
- Responding to comments and inquiries

The following guidelines apply to AHRQ's interaction on the @AHRQNews and @AHRQConf Twitter accounts:

- **Following other Twitter users.** AHRQ will follow other Federal, State, and local health care-related agencies as well as partners, stakeholders, and influencers.
- **Retweeting.** AHRQ will retweet information from Federal and State agencies and organizations that have a partnership with AHRQ provided that the tweet aligns with AHRQ's mission. Requests to retweet will be handled on a case-by-case basis.
- **Responding to inquiries.** OC will assess individual inquiries on Twitter and work directly with AHRQ staff to write a response.

Neither AHRQ staff nor contractors will respond to media inquiries through Twitter. Media inquiries will be sent to Alison Hunt at alison.hunt@ahrq.hhs.gov.

In cases where these guidelines do not address a specific issue concerning an interaction, OC will work with AHRQ program staff to address the issue or question before responding. Send questions to socialmedia@ahrq.hhs.gov.

Approval and Set Up of New AHRQ Twitter Accounts

To create a new Twitter account, please fill out the AHRQ [Social Media Checklist](#) in Appendix 4-A and follow the instructions for submission. Submit completed form to socialmedia@ahrq.hhs.gov. See Interactivity Guidelines and Additional Guidelines sections for details.

Additional Guidelines

OC welcomes suggestions for tweets from Offices and Centers and asks staff to follow these guidelines:

- Tweets should highlight an AHRQ product, including data, guides, databases, toolkits, Web conferences, events, exhibits, presentations, research findings, funding announcements, final reports, etc.
- Tweets are limited to 140 characters, including spaces, hashtags, and URLs. AHRQ uses a URL shortener that helps keep tweets to the 140-character limit.
- Sample tweets:
 - New #AHRQ review finds benefits of #bonemarrow transplants for Wolman's Disease in pediatric populations <http://go.usa.gov/nVT> #CER #PCOR
 - Get AHRQ's new brief on improving #quality of the #PCMH evidence and evaluation. Read more: <http://go.usa.gov/gKBV>
 - Share the latest evidence on C-diff treatment, prevention: Free faculty slide set from #AHRQ <http://go.usa.gov/NkJ>

AHRQ YouTube Policy

This policy is intended to ensure that videos on AHRQ's YouTube channels are coordinated, present a balanced view of the Agency's activities, and further the Agency's mission.

About YouTube

YouTube is a free, online video streaming service that allows anyone to view and share videos that users have uploaded to the YouTube Web site. Users can share videos via YouTube, Facebook, Twitter, other social networking sites, email, and other channels. YouTube users also interact with other users by commenting on videos.

YouTube is the most well-known video sharing network. Like other social media platforms, it can be used to gauge interest in a topic, gain feedback on a product, announce a campaign, see the impact of research, and provide deeper context and resources than traditional dissemination methods.

How AHRQ Uses YouTube

AHRQ uses its YouTube channels to broadcast messages to consumer or professional audiences to:

- Distribute AHRQ content.
- Increase the number of subscribers and video views to spread AHRQ's messages to various consumer audiences.
- Raise the profile of the Agency by highlighting work that is central to AHRQ's mission.

YouTube Content

Each video should strategically disseminate up-to-date and relevant AHRQ information. All videos are subject to review by AHRQ's YouTube Content Manager, Biff LeVee, who maintains AHRQ's YouTube account.

To submit content to be posted to one of the established AHRQ YouTube channels, send an email to socialmedia@ahrq.hhs.gov. Please follow Appendix 4-B, YouTube Video Submission Checklist.

Interactivity Guidelines

YouTube is a communication tool that places a high value on sharing and commenting on videos. The following guidelines govern AHRQ's interactions on YouTube:

- **Subscribing to other YouTube channels:** AHRQ will subscribe to YouTube channels that belong to Federal, State and local health care-related agencies as well as channels that belong to partners, stakeholders, and influencers. AHRQ will not subscribe to political YouTube channels.
- **Responding to inquiries or comments:** Users may leave comments on AHRQ YouTube channels provided the comments adhere to the AHRQ [Comment Policy](#). AHRQ YouTube channels must include a link to the AHRQ Comment Policy. AHRQ's YouTube manager will work with AHRQ staff to address comments or questions on specific videos.

In cases where these guidelines do not address a specific issue concerning an interaction, OC will work with AHRQ program staff to address the issue or question before responding. Send questions to socialmedia@ahrq.hhs.gov.

Approval and Set Up of New AHRQ YouTube Channels

To create your own YouTube channel, fill out the [Social Media Checklist](#) and submit it to socialmedia@ahrq.hhs.gov. See Additional Guidelines and Interactivity Guidelines for details.

Additional Guidelines

- Videos should highlight AHRQ products including campaigns, toolkits, Web conferences, events, presentations, research findings, and so forth.
- OC staff should be included in discussions early on when creating a video or a new YouTube channel. Decisions regarding creating a YouTube channel need to consider AHRQ's overall needs rather than what is needed for a specific instance. Ideas for videos should be listed on the AHRQ [Social Media Checklist](#) and coordinated with OC staff and the Office or Center Director.

- Videos must be captioned according to YouTube's specifications. Either a separate .srt file with time stamps must be prepared or a transcript must exist to caption a YouTube video. No transcript is needed if the .srt caption file works correctly.
- Please read the YouTube Video Submission Checklist in Appendix 4-B for more information.
- OC prefers to receive time-coded transcripts. This satisfies a requirement for videos placed on sites outside of YouTube. Transcripts can be Word or .txt files. An example of the format for a time-coded transcript is as follows:

Dr. Doe

Min:Sec:Fps

01:50:00

Good afternoon. My name is Dr. John Doe and I would like to start by welcoming everyone to this Web cast.

Dr. Doe

02:00:00

We will start today with brief remarks from each of our experts.